

Adolescent Comprehensive Child and Family Assessment Template Sample

Section I: Data Section

Name:

Family Name

Date of Birth

Date of Assessment

Current Grade or Highest Grade Completed:

Current Placement:

SECTION II

Background and *Summary of Comprehensive Child and Family (CCFA) Assessments:*

- Reason for Referral and Background Information
- Individual Assessment
 - Summarize Assessment Conclusions
 - Include Diagnostic Impression:
 - Axis I
 - Axis II:
 - Axis III:
 - Axis IV:-
 - Axis V: Global Assessment of Functioning (Current)
- Family Assessment Recommendations and Conclusions. (Include agency name and date completed)
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SECTION III: Transitional Youth Assessment

Include list of instruments used

Draw your strength. (See appendix)

Genogram (See appendix)

Ecomap (See appendix)

Draw Your Future (See appendix)

Road of Life (See appendix)

Modified Rosenberg Self-Concept Scale

Alcohol and Drug Questionnaire

Sensitive Issues Inventory

ACLSA-Level III (See appendix)

Completed by

IDEAS (See appendix)

Interview

Section IV: Results of Assessment

ACLSA- LEVEL III

% of Mastery Score –This is the percentage of questions for each section answered at the highest possible level. The complete ACLSA report is included in the index.

	Youth	Caregiver
Daily Living Tasks		
Housing and Community Resources		
Money Management		
Self-Care		
Social Development		
Work and Study Habits		
Total Mastery Score		

Rosenberg Self-Concept Scale

Rosenberg defines Self-esteem ‘as a positive or negative orientation toward oneself; an overall evaluation of one's worth or value’. Besides self-esteem, self-efficacy or mastery, and self-identities are also key components to the self-concept. Very high self-concept scores and Very low self-concept scores are possible indices of concern. Very high scores may reflect grandiosity, defensiveness or denial. Very low self-concept scores may be linked to depression. Both Very High and Very Low Scores may be linked to problem behaviors.

Alcohol and Drug Questionnaire

This is a two-part questionnaire that asks youth about their current and past substance abuse and use. This questionnaire is not scored. It is a qualitative instrument. The evaluating team will need to use their professional judgment to determine if referral for a drug screen and/or substance abuse evaluation is recommended. You may wish to list or summarize the items that the youngster endorsed in a positive direction.

Sensitive Issues Inventory.

The Sensitive Issues Inventory is a list of events that may have occurred in the youth's life. The youth is asked to circle the items that have happened to them, a family member or a close friend. Endorsed responded yes to the following items.. (Feel free to delete the items that do not have a yes response.)

Yes	#	Question
	1	Have you ever been in a house fire?
	2	Have you ever been hurt in a fire or burned in any kind of accident?
	3	Have you ever been in a house fire that caused major damage to your home?
	4	Have you ever been in a tornado, hurricane, or flood that caused major damage to your home?
	5	Have you ever been in a major car accident?
	6	Has a close family member (or close friend) ever been in a major car accident?
	7	Have you ever been mugged or robbed at gunpoint?
	8	Has a close family member (or close friend) been mugged or robbed at gunpoint?
	9	Has your home ever been burglarized?
	10	Have you ever been raped?
	11	Has a close family member (or close friend) ever been raped?
	12	Have you ever been seriously hurt during a crime?
	13	Has a close family member (or close friend) ever been seriously hurt during a crime?
	14	Has a family member (or close friend) ever been murdered?
	15	Are your parents separated or divorced?
	16	Have you ever been a member of a stepfamily?
	17	Does someone in your close family (or close friend) have a drinking problem?
	18	Does someone in your close family (or close friend) have a drug problem?
	19	Have you been sexually abused?
	20	Has a close family member (or close friend) sexually abused?
	21	Have you ever been physically abused?
	22	Has a close family member (or close friend) been physically abused?
	23	Have you been emotionally abused (severe criticism, verbal cruelty)?
	24	Has a close family member (or close friend) been emotionally abused?
	25	Have you ever been physically neglected (not enough food, poor shelter etc.)?
	26	Have you ever been in a combat situation either as a member of

		the military or as a civilian?
	27	Have you suffered from a serious medical condition?
	28	Has a close family member (or close friend) ever suffered from a serious medical condition?
	29	Has a close family member (or close friend) died from a serious medical condition?
	30	Has a close family member (or close friend) been diagnosed with a serious mental illness?
	31	Have you struggled with a serious eating disorder (Bulimia {eating and then taking laxatives or throwing up}? Anorexia Nervosa {starving yourself}, Obesity {overeating resulting in being overweight})?
	32	Has a close family member (or close friend) struggled with a serious eating disorder (Bulimia {eating and then taking laxatives or throwing up} Anorexia Nervosa {starving yourself}, Obesity {overeating resulting in being overweight})?
	33	Have you ever seriously attempted suicide?
	34	Has a family member (or close friend) ever seriously attempted suicide?
	35	Has a family member (or close friend) successfully committed suicide?

Section V: Summary and Recommendations

Include your Name, Signature and Date Completed

Section VI: appendix

Copies of:

- Draw your Strength
- Genogram
- Ecomap
- Draw your Future
- Road of Life
- ACLSA-Level III- Response summary